

PRE-DEPLOYMENT SCREENING

All areas circled or highlighted **MUST BE** completed before you can depart.

1. **DENTAL** (Pick up record) – 2ND Deck, Top of Spiral Staircase

Class: _____ Appt: _____

2. **LABORATORY** – 1ST Deck (At Bottom of Spiral Staircase to Your Right)

Must receive the Lab(s) highlighted. Please ensure sign off is complete by stamp or signature

HIV		BT		PE LABS	
G6PD/SCT		DNA		PAP	

3. **IMMUNIZATIONS** – 1ST Deck, Hallway 1G

Must receive the shot(s) highlighted. Please ensure sign off is complete by stamp or signature.

HAV#1		TWINRX#1		YF	
HAV#2		TWINRX#2		MMR	
HBV#1		TWINRX#3		PPD	
HBV#2		TYPHOID		IPV	
HBV#3		TD		MENINGO	
SMALLPOX					

4. **OPTOMETRY** – 2ND Deck, Hallway 2C

Glasses/Contacts: Y / N Date of Last Exam: _____

Appt Required: Y / N Appt: _____

5. **PHYSICAL EXAM/ HEARING EXAM** – 1ST Deck, Hallway 1J

Date of Last Exam: _____

Pre-deployment Physical Appt date/time: _____

6. **PREVENTIVE MEDICINE** (For Smallpox): 2nd Deck Hallway 2E

Only after provider approval.

Ensure HIV current and results available within last 12 months.

7. **ALLERGY ALERT/ DOG TAGS** Y / N NA

8. **SUITABILITY SCREENING**: Mrs. Williams/ Mrs. Chapman (for shadow record)

NAME: _____

SSN: _____